like this form for general report a	ver and committee int	formation m	ust be signed and submitted alo	no with other detailed forms				
Use this form for general report and committee information, must be signed and submitted along with other detailed forms. Do not use this form to update information.								
1. Committee Information								
a. Full Name				c. ID Number				
Edwin Elam campaign fo	842349958							
b. Mailing Address (include City, State	d. Date Filed							
po box 123			RECEIVED	11/4/2019				
waxhaw, nc 28173			NOV 0 4 2019	e. Phone Number				
			a p l (Flatiere	404-593-3702				
2. Report Year 3. Period Start	Date (mm/dd/yy)	4. Period E	nd Date (mm/dd/yy) 5. Treasur	er Full Name				
2019 06/12/2019		10/28/201	richard g	ardner				
6. Type of Committee (Check C		**	ort (check only one type of rep	ort from one category)				
Candidate Campaign* Part		nicipal	State/County	Referendum				
hered	erendum	Organizationa*		Organizational				
☐ Independent Expenditure ☐ Join ☐ Legal Expense Fund	t Fundraiser	Thirty-five day Pre-primary	Quarterly First	Pre-referendum Final				
Legal Expense Pand	IH	Pre-election	Second	Supplemental Final				
7. Type of Fund (if applicable,	check one)	Pre-runoff	Third	Annual				
Booster Fund		Semi-annual	Fourth	☐ Special				
Building Fund	12	Mid Year	The second second second	40.0 110 17				
Other	H	Year End Final	Mid Year Year End	10. Special Report Name				
Other: 8. Number of Fundraisers this	Report	Special	Final					
o. Tumor of I martiners this	report	Special	Special					
11. Account Information								
11. Account Information a. Financial Institution Full Name			11. Account Information a. Financial Institution Full Name					
	7		11. Account Information					
a. Financial Institution Full Name	c. Account Code		11. Account Information	c. Account Code				
a. Financial Institution Full Name First Citizens Bank			11. Account Information a. Financial Institution Full Name	c. Account Code				
a. Financial Institution Full Name First Citizens Bank	00013181052	21	11. Account Information a. Financial Institution Full Name					
a. Financial Institution Full Name First Citizens Bank	00013181052 d. Period Begin Ba	21	11. Account Information a. Financial Institution Full Name	d. Period Begin Balance				
a. Financial Institution Full Name First Citizens Bank b. Purpose	00013181052	21	11. Account Information a. Financial Institution Full Name					
a. Financial Institution Full Name First Citizens Bank b. Purpose CERTIFICATION	00013181052 d. Period Begin Ba \$200.00	21 slance	11. Account Information a. Financial Institution Full Name b. Purpose	d. Period Begin Balance				
a. Financial Institution Full Name First Citizens Bank b. Purpose CERTIFICATION I certify that the Committee or Furof the NC General Statutes and the	00013181052 d. Period Begin Ba \$200.00 and is in compliance at no funds are com-	21 alance with all applingingled with	11. Account Information a. Financial Institution Full Name b. Purpose cable provisions of Article 22A, 22 prohibited or other non-disclosed to	d. Period Begin Balance \$ 2B & 22D-22M of Chapter 163				
a. Financial Institution Full Name First Citizens Bank b. Purpose CERTIFICATION I certify that the Committee or Fur	00013181052 d. Period Begin Ba \$200.00 and is in compliance at no funds are com-	21 alance with all applingingled with	11. Account Information a. Financial Institution Full Name b. Purpose cable provisions of Article 22A, 22 prohibited or other non-disclosed to	d. Period Begin Balance \$ 2B & 22D-22M of Chapter 163				
a. Financial Institution Full Name First Citizens Bank b. Purpose CERTIFICATION I certify that the Committee or Furof the NC General Statutes and the	00013181052 d. Period Begin Ba \$200.00 and is in compliance at no funds are com-	21 alance with all applingingled with	11. Account Information a. Financial Institution Full Name b. Purpose cable provisions of Article 22A, 22 prohibited or other non-disclosed to	d. Period Begin Balance \$ 2B & 22D-22M of Chapter 163				
a. Financial Institution Full Name First Citizens Bank b. Purpose CERTIFICATION I certify that the Committee or Fur of the NC General Statutes and the report is complete, true and correct	00013181052 d. Period Begin Ba \$200.00 and is in compliance at no funds are compliance at and that I have be	21 clance with all application trained by	11. Account Information a. Financial Institution Full Name b. Purpose cable provisions of Article 22A, 22 prohibited or other non-disclosed to	d. Period Begin Balance \$ 2B & 22D-22M of Chapter 163 funds. I further certify that this				
a. Financial Institution Full Name First Citizens Bank b. Purpose CERTIFICATION I certify that the Committee or Fur of the NC General Statutes and the report is complete, true and correct richard gardner	00013181052 d. Period Begin Ba \$200.00 and is in compliance at no funds are compliance at and that I have be	21 clance with all application trained by	a. Financial Institution Full Name b. Purpose cable provisions of Article 22A, 22 prohibited or other non-disclosed the NC State Board of Elections.	d. Period Begin Balance \$ 2B & 22D-22M of Chapter 163 funds. I further certify that this 11/04/2019				
a. Financial Institution Full Name First Citizens Bank b. Purpose CERTIFICATION I certify that the Committee or Fur of the NC General Statutes and the report is complete, true and correct richard gardner Printed Name of Sign	00013181052 d. Period Begin Ba \$200.00 and is in compliance at no funds are compliance at and that I have be	21 clance with all application trained by	a. Financial Institution Full Name b. Purpose cable provisions of Article 22A, 22 prohibited or other non-disclosed the NC State Board of Elections.	d. Period Begin Balance \$ 2B & 22D-22M of Chapter 163 funds. I further certify that this 11/04/2019 Date Clivery Method Normal Mail				
a. Financial Institution Full Name First Citizens Bank b. Purpose CERTIFICATION I certify that the Committee or Funor of the NC General Statutes and the report is complete, true and correct richard gardner Printed Name of Sign FOR OFFICE USE ONLY	00013181052 d. Period Begin Ba \$200.00 and is in compliance at no funds are compliance at and that I have be	21 c with all applications applications trained by Sign	a. Financial Institution Full Name b. Purpose cable provisions of Article 22A, 22 prohibited or other non-disclosed the NC State Board of Elections. Approximature of Apprinted Treasurer Dece:	d. Period Begin Balance \$ 2B & 22D-22M of Chapter 163 funds. I further certify that this 11/04/2019 Date Polivery Method Normal Mail Registered Mail Hand Delivered				
a. Financial Institution Full Name First Citizens Bank b. Purpose CERTIFICATION I certify that the Committee or Fund of the NC General Statutes and the report is complete, true and correct richard gardner Printed Name of Sign FOR OFFICE USE ONLY Date Received:	00013181052 d. Period Begin Ba \$200.00 and is in compliance at no funds are compliance at and that I have be	21 elance e with all appling a mingled with een trained by Sign	a. Financial Institution Full Name b. Purpose cable provisions of Article 22A, 22 prohibited or other non-disclosed the NC State Board of Elections. Authorized Treasurer dee: December 2007	d. Period Begin Balance \$ 2B & 22D-22M of Chapter 163 funds. I further certify that this 11/04/2019 Date clivery Method Normal Mail Registered Mail				

Amendment

August 2008

Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

NC State Board of Elections

CRO-1000

Det	tail	ed	Su	mm	a	rv
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Amendment

Yes No

Use this form to summarize all disclosure reporting forms and 1. Committee Full Name (and Fund if applicable)	to total mon					
		Report	J. ID Mulliber			
Edwin Elam campaign for mayor of waxhaw, N	С	753 4 3 43 4	77.1.77			
Start of Election Cycle: January 1,	-	Total this Reporting Period	Total this d Election Cycle			
4) Cash on Hand at Start		\$	\$			
RECEIPTS						
5) Aggregated Contributions from Individuals	(CRO-1205)	\$408.33	\$408.33			
6) Contributions from Individuals	(CRO-1210)	\$	\$			
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$			
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$			
9) Loan Proceeds	(CRO-1410)	\$1061.00	\$1061.00			
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$	\$			
11) Other Receipt Sources						
11a) Interest on Bank Accounts	(CRO-1250)	\$	\$			
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$	\$			
11c) Outside Sources of Income	(CRO-1250)	\$	\$			
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$	\$			
11e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$			
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c.	,11d and 11e)	\$	\$			
<u>EXPENDITURES</u>						
13) Disbursements						
13a) Operating Expenditures	(CRO-1310)	\$624.00	\$			
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$	\$			
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$			
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$			
15) Loan Repayments	(CRO-1420)	\$	\$			
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$	\$			
17) In-Kind Contributions	(CRO-1510)	\$1018.23	\$1018.23			
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 1	5, 16 and 17)	\$	\$			
19) Cash on Hand at End (Add lines 4 and 12 together, then su	btract line 18)	\$	\$			
ADDITIONAL INFORMATION						
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$				
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$				
22) Debts and Obligations owed by the Committee	(CRO-1610)	\$				
23) Debts and Obligations owed to the Committee	(CRO-1620)	\$				
24) Account Transfers Within the Committee VED	(CRO-1720)	\$				
25) Administrative Support	(CRO-1710)	\$	\$			
20) Porgiven Loans	(CRO-1440)		\$			
27) 48-Hour Notice Reports Sum Union Co. Board of Elections	(CRO-2220)	\$	\$			
28) Contributions to be Refunded	(CRO-1215)	\$	\$			

		om Individua			Pg	<u>2</u> of _		Yes No
THE RESERVE TO SHARE THE PARTY OF THE PARTY	STREET, STREET	ndividual contribution (and Fund if app	CONTRACTOR OF THE PARTY OF THE	ontribut	ions unde	er \$50 if form CI	STATE OF THE PARTY.	205 is not used D Number
		aign for mayor		IC			<i>△.</i> 1	D Number
OR HAND MADE BY	ributor Informa		THE RESERVE THE PERSON NAMED IN COLUMN TWO	Add	Ren	nove		
office that was	me, Mailing Addre	ss & Phone		b. Job T	itle/Profes	sion	d. C	omments
	e city, state, & zip)						co	ntribution
8418	hite 111 darcy hopkins tte, nc 28277	dr		c. Emple	yer's Nan	ne/Specific Field		
							e. El	ection Sum to Date
							\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion		j. Date (mm/dd/yyy	y)	k. Amount
	131810521	check		A.		08/17/2019		\$25.00
								\$
								\$
	ributor Informa			Add		nove		
	nme, Mailing Addre e city, state, & zip)	ss & Phone		b. Job T	itle/Profes	sion	d. C	omments
	ce tolliver							
3127 helmsley ct					yer's Nan	ne/Specific Field		
concord, nc 28027							o Fi	ection Sum to Date
								ection Sum to Date
							\$	
	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion		j. Date (mm/dd/yyy	y)	k. Amount
	131810521	cash	-			08/17/2019		\$100.00
								\$
								\$
	ributor Informa			Add		nove		
The state of the s	me, Mailing Addre e city, state, & zip)	ss & Phone		b. Job T	itle/Profes	sion	d. C	omments
(merad	RECE	VED						
				c. Emple	yer's Nan	ne/Specific Field		
	NOV 04	2019					e. El	ection Sum to Date
	Union Co. Board	of Elections					\$	The state of the s
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion		j. Date (mm/dd/yyy	y)	k. Amount
								\$
								\$
								\$
4. Tota	al only this Pa	age					\$1	25.00
5. Tota	al of ALL CR	O-1210 Pages	CPO 1100)				\$	

Amendment

		om Individua		Pg	of		Yes No			
THE RESERVE OF THE PARTY OF	THE RESERVE THE PARTY OF THE PA	er \$50 if form CF	2. ID Number							
		ne (and Fund if appl				4. 1	D Number			
Edwir	Edwin Elam campaign for mayor of waxhaw, NC									
	ributor Informa				nove					
	ame, Mailing Addre	ess & Phone		b. Job Title/Profes	ssion	-	omments			
	le city, state, & zip)					co	tribution			
2633	n Holloway Rolling Hills d	r		c. Employer's Nan	ne/Specific Field					
Monro	pe, NC 28110									
						e. El	lection Sum to Date			
						\$				
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yyy	y)	k. Amount			
	131810521	cash			07/29/2019		\$ 150.00			
							\$			
							\$			
-	ributor Informa				nove					
	ame, Mailing Addre	ess & Phone		b. Job Title/Profes	ssion	-	omments			
	le city, state, & zip)					CO	ntribution			
	es Smith I Graham st. u	ınit 24		c. Employer's Name/Specific Field						
	otte, NC 2827									
						e. El	lection Sum to Date			
						\$				
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yyy	y)	k. Amount			
	131810521	cash			08/16/2019		\$ 100.00			
							\$			
							\$			
-	ributor Informa			Add Ren						
	ame, Mailing Addre	ess & Phone		b. Job Title/Profes	ssion		omments			
	le city, state, & zip)					co	tribution			
	r Gomez kronas cir			c. Employer's Nan	ne/Specific Field					
	aw, nc 28173									
						e. El	lection Sum to Date			
						\$3	33.33			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yyy	(y)	k. Amount			
							\$			
							\$			
							\$			
4. Tot	al only this P	age				\$2	283.33			
		RO-1210 Pages/				\$				
	The same of			NAME OF TAXABLE PARTY.	THE RESERVE OF THE PARTY OF THE					

CRO-1210

NOV 0 4 2019

NC State Board of Elections

Amendment

					Ame	ndment	
Disbursements	Pg	4_	of	4		Yes	No

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

NAME OF TAXABLE PARTY.	full Name (and Fur	THE RESIDENCE OF THE PARTY OF THE PARTY OF THE PARTY.						2. ID Number
Edwin Elam	for Mayor of Wa	xhaw						
3. Type of Disb		e use separate Ch	20-1310	forms for e	each ty	pe of Disb	urse	ement.)
Operating Exp	THE RESIDENCE OF THE PARTY OF T	entributions to Candida	ates/Politi	THE RESERVE OF LABOR THE PARTY.		No. of Concession, Name of Street, or other Persons, Name of Street, or ot	rdina	ted Party Expenditures
4. Payee Inform				Add	Remo			
	lailing Address & P	hone		b. Coordinate	ed Com	mittee Name	•	d. Comments
(include city, state,				-				Payment for rental
Waxhaw, NO	gion Post 208			c. Level Regi	stered (Specify)		
vvaxilaw, ivc	20173			☐ Federal		County:		
				State		Municipa	lity:	e. Election Sum to Date
								\$180.00
f. Account Code	g. Form of Payment	h. Purpose Code	1	mm/dd/yyyy)	j. Amo	unt	k. R	equired Remarks
	ck # 109	С	09/18	3/2019	\$ 1	15.00		
					\$			
4. Payee Inform	nation			Add \square	Remo	ve		
a. Full Name, Mail	ing Address & Phone			b. Coordinate	ed Com	mittee Name		d. Comments
(include city, sta	te, & zip)							website support and
WiX.com				. In .	. 10	7 (6)		maintenance
	Francois Blvd			c. Level Regi	stered (County:		
Sanfrancisco), CA 94136			State Municipality:			e. Election Sum to Date	
			,					\$
f. Account Code	g. Form of Payment	h. Purpose Code			j. Amo	unt	k. R	equired Remarks
	charge card	k	08/25	5/2019	\$	28.00	ca	ndidates web site
					\$		pro	ovider.
4. Payee Inform	nation			Add	Remo	ve		
	ing Address & Phone			b. Coordinate	ed Com	mittee Name	:	d. Comments
(include city, sta	The second second							
RE	CEINFD			c. Level Regis	etorod (Specify)		
	0 1. 2010			Federal		The second second		
NO	OV 04 2019			State	Ē		lity:	e. Election Sum to Date
Union C	o. Board of Elections						\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amo	unt	k. R	equired Remarks
					\$			
					\$			
5. Total only th	is Page							\$43.00
	CRO-1310 Pages							
	line 13a of Detailed Su	mmary Page CRO-11	100 if Ope	rating Expense	es)			•
	line 13b of Detailed Su	50 50				itical Comm))	\$
(This line goes in	line 13c of Detailed Su	mmary Page CRO-11	00 if Coo	rdinated Party	Expend	litures)		
7. Purpose C	odes (List detaile	d expenditure cod	e in (h.)	above)				
A* - Media	B* - Print	ing	C* - F	undraising				ther Candidate
E - Salaries	F* - Equi			litical Party				ng Public Office Expenses
I - Postage	J - Penal	ties	K* - C	Office Expen	ises	Q* - Do	onat	ion to Legal Expense Fund
O* Other * Codes requir	re detailed explana	tion in required	remark	s field (k)				

-					
I bi	C	TIE	rser	non	TC
		, u	1301		

				Amendment	
Pg	_3_	of	4	☐ Yes	☐ No

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

CONTRACTOR OF THE PERSON NAMED IN COLUMN 1	ull Name (and Fund	THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO I					2. ID Number
Edwin Elam f	for Mayor of Wax	naw					
3. Type of Disb	ursement (Please	use separate CR	0-1310	forms for e	ach type of Disb	urse	ment.)
Operating Expe	NAME OF TAXABLE PARTY OF TAXABLE PARTY.	tributions to Candida	tes/Politic	A STATE OF THE PARTY OF THE PAR		rdinat	ted Party Expenditures
4. Payee Inforn				Add	Remove		
	ailing Address & Pho	one		b. Coordinate	ed Committee Name	:	d. Comments
(include city, state,							Donation
Greater Bles	sed Hope Baptish	n Church		c. Level Regis	stered (Specify)		
	NINI 00440			☐ Federal	County:		
IVIO	nroe, NN 28110			State	■ Municipa	lity:	e. Election Sum to Date
							\$25.00
f. Account Code	g. Form of Payment	h. Purpose Code			j. Amount		equired Remarks
	CK # 106	0	08/28	3/2019	\$ 25.00	Do	nation
					\$		
4. Payee Inform	nation			Add \square	Remove		
a. Full Name, Mail	ing Address & Phone			b. Coordinate	ed Committee Name		d. Comments
(include city, stat	te, & zip)						2nd donation
Greater Blessed Hope Baptish Church				T 10 '	1.00 .00		
Max	orac NC 20110			Federal	stered (Specify) County:		
Monroe, NC 28110				State	Municipa	lity:	e. Election Sum to Date
						,	
	•				¥-1		\$
f. Account Code	g. Form of Payment				j. Amount		equired Remarks
	CK # 107	0	0829	/2019	\$ 25.00	do	nation
		^			\$		
4. Payee Inform	nation	TEO		Add	Remove		
a. Full Name, Mail	ing Address & Phone	11 EI		b. Coordinate	ed Committee Name	2	d. Comments
(include city, sta	te, & zip)	NOV	A				Reimburstment for loar
Vive Miller	nion	4 200	10	a Lavel Pagi	stered (Specify)		
		Boarn -019		Federal	County:		to cantidate
Waxhaw	, NC 28173	Of Elene		State	Municipa	dity:	e. Election Sum to Date
		NOV 04 2019 O. Board of Elections					\$
f. Account Code	g. Form of Payment		*		j. Amount	k. R	equired Remarks
	CK # 108	0	09/16	6/2019	\$100.00	loa	an money to candidate
					\$		pay membership fees party function
5. Total only th	is Page						\$ 150.00
6. Total of ALI	CRO-1310 Pages						
(This line goes in	line 13a of Detailed Sun	mary Page CRO-11	00 if Ope	rating Expense	es)		\$
	line 13b of Detailed Sun)	*
(This line goes in	line 13c of Detailed Sun	mary Page CRO-11	00 if Coo	rdinated Party	Expenditures)		
MARKET STATE OF THE PARTY OF TH	odes (List detailed						
A* - Media	B* - Printi			undraising			ther Candidate
E - Salaries	F* - Equip			litical Party			ng Public Office Expenses
I - Postage O* Other	J - Penalti	es	V (Office Expen	ises Q*-D	onat	ion to Legal Expense Fund
	re detailed explanat	ion in required 1	remark	s field (k)			

-						
I bi	C	TIE	PC	am	ien	te
2/1		,,,				

				Amendment	
Pg	2	of	_4	☐ Yes	☐ No

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee F	ull Name (and Fun	d if applicable)					2. ID Number	
Edwin Elam	for Mayor of Wax	haw						
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)						ement.)		
Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures						ted Party Expenditures		
4. Payee Inform				Add	Remove			
	lailing Address & Ph	one		b. Coordinate	ed Committee Nan	ie	d. Comments	
(include city, state,							mailing station	
Postel Annex	x mail station			c Level Pegi	etared (Specify)	-	-	
\\/avba	NO 20172			c. Level Registered (Specify) Federal County:				
Waxhaw, NC 28173			State	Municip	ality:	e. Election Sum to Date		
ľ						-	¢	
							\$45.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	equired Remarks			
	CK # 45.00	K	08/07	/2019	2019 \$ 45.00		mpaign mailing address	
					\$	T		
4. Payee Inform	nation			Add \square	Remove			
	ing Address & Phone				ed Committee Nam	e	d. Comments	
(include city, sta							Pament for rental	
American Le	gion Post 208						rament for feritar	
	v. NC 28173			c. Level Registered (Specify)				
VVaxilav	v, 140 20170		Federal Count					
			State Municipality: e. Election Sum to Date					
	\$100.00					\$100.00		
f. Account Code	g. Form of Payment	h. Purpose Code	i Date (mm/dd/yyyy)	j. Amount	k R	equired Remarks	
i. Account Cour	CK# 104.00	C		/2019	¢	1	equite renarks	
					\$ 80.00	T		
4. Payee Inform	nation /	7		Add \square	Remove			
	ing Address & Phone	1100			ed Committee Nam		d. Comments	
(include city, sta	te, & zip)	VOV - V	^	b. Coordinate	eu Committee Nam	ie	u. Comments	
Trader Mage	zine Hon Co	4 20	1					
Trader Mage	ZIIIE O	BODE 4019		c. Level Registered (Specify)			1	
Waxhaw, N	NC 28173	OFFI		Federal	☐ Co # ity:			
vvaxiiaw, i	10 2017 0	Ctions		State Municipality			e. Election Sum to Date	
		NOV 0 2019 BOARD OF Elections					\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. R	equired Remarks	
	CK # 105	Α	1	/2019	\$ 00.00	10	cal Town magezine	
	011 100		TOU.ZZ		90.00	+	our rown magozino	
					\$			
5. Total only th	is Page						\$221.00	
6. Total of ALI	CRO-1310 Pages							
	line 13a of Detailed Sur						\$	
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)								
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)								
	odes (List detailed							
A* - Media	B* - Printi			undraising			ther Candidate	
E - Salaries	F* - Equip			litical Party			ng Public Office Expenses	
I - Postage	J - Penalti	es	K* - 0	office Expen	ises Q* - D	onat	tion to Legal Expense Fund	
O* Other	no dotoiled and least	ion in manifest	non-a-l-	field (le)				
Codes requi	re detailed explanat	ion in required	emarks	Heiu (K)		-	The second secon	

Disbursem	ents				Pg	of		Yes No
			tee for o	perating ex	pens	ses, contributi	ons	to candidate/political
CONTRACTOR OF THE PARTY OF THE	coordinated party ex	WHEN PERSON NAMED IN COLUMN 2 IS NOT THE OWNER.						2 ID Novel
1. Committee F	ull Name (and Fund	и и аррисавіе)						2. ID Number
Edwin Elam	for mayor of Wax	haw						
3. Type of Disb		use separate Ck	20-1310	forms for	each	-		
Operating Exp	enses Con	tributions to Candida	ates/Politic	cal Committee	es	Coo	rdina	ted Party Expenditures
4. Payee Inforn				Add	Re	move		
A CONTRACTOR OF THE PARTY OF TH	ailing Address & Ph	one		b. Coordina	ted C	ommittee Name		d. Comments
(include city, state,	& zip)							fund raiser
Mint Hill Rep	ublican Party					1.00		
Mint Hill, NC			c. Level Reg		County:		-	
			State		Municipa	lity.	e. Election Sum to Date	
				- State		- Municipal	mry.	c. Executi Sum to Date
								\$10.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. A	mount	k. R	equired Remarks
	ck#0991	С	07/20	/2019	\$	10.00	do	nation
					\$	10.00		
					1			
4. Payee Inform				Add		move		
5 and 10 at 10 A	ing Address & Phone			b. Coordina	ted C	ommittee Name	•	d. Comments
(include city, star								donation
Union Count	y young republica	ans		c. Level Reg	rictor	od (Specify)		
				Federal County:				
Monroe, I	VC			State		Municipa Municipa	lity:	e. Election Sum to Date
						-		6
								\$100.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. A	mount	k. R	equired Remarks
	ck# 101	C	08/01	/2019	\$	100.00	do	nation
					\$			
4. Payee Inforn	nation	Union Co. Board of Elect	П	Add	Re	move		
	ing Address & Phone	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		b. Coordina		ommittee Name		d. Comments
(include city, star	te, & zip)	1. No	A .					reception for campaing
	gion Post 208	nion of n	1//					reception for campaing
/ unonoun Lo	910111 001 200	, CO 0 4	2	c. Level Reg	istere	ed (Specify)		
		Odra	010	Federal		County:		
Waxhaw,	NC	10/E/		State		Municipa	lity:	e. Election Sum to Date
		100	On .					\$
f. Account Code	g. Form of Payment	h. Purpose Code	E Data	mm/dd/yyyy)	I: A	mount	L D	equired Remarks
i. Account Code								-
	ck # 102	С	08/02	2/2019	\$	100.00	ca	mpaigning
					\$			
5. Total only th	is Page							\$210.00
6. Total of ALI	CRO-1310 Pages					Maria Name		
	line 13a of Detailed Sun	nmary Page CRO-11	00 if Ope	rating Expen	ses)			· ·
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib						Political Comm)	\$
	line 13c of Detailed Sun							
APPROPRIEST OF THE PARTY OF THE	odes (List detailed	THE RESERVE OF THE PARTY OF THE PARTY.	BEAT COLUMN	CHARLEST STREET, ST.				
A* - Media	B* - Printi			undraising		D - To	Ano	ther Candidate
E - Salaries	F* - Equip			litical Party				ng Public Office Expenses
I - Postage	J - Penalti			office Expe				ion to Legal Expense Fund

In-Kind Contributions	Pg	of		Yes No		
Use this form to report non-monetary contributions, donations, go Use CRO-1215 if In-Kind Contributions were or will be ref			nittee o	or fund.		
1. Committee Full Name (and Fund if applicable)	unded within / day	ys.	2.1	D Number		
Edwin Elam campaign for mayor of waxhaw, NC						
3. Contributor Information	and the same of th	nove				
a. Full Name, Mailing Address & Phone	b. Type of Contril		le C	omments		
(include city, state, & zip)	Individual*	outor				
Bob Walberger	Candidate Party PAC		Pa	Palm cards (2000) El		
	Referendum		d. E	d. Election Sum to Date		
	Other Receipt	Source	\$	\$90.00		
. Description		f. Date (mm/dd/y	_	g. Fair Market Amount		
Palm cards (2000) Elite Printing co.			9	\$90.00		
				\$		
				\$		
3. Contributor Information	Add Rei	move				
a. Full Name, Mailing Address & Phone	b. Type of Contril	butor	c. C	omments		
John Crane	Individual * Candidate Party PAC		ca	ımpaign palm cards		
	Referendum		d. F	Election Sum to Date		
	Other Receipt	Source	\$	90.00		
. Description		f. Date (mm/dd/y	ууу)	g. Fair Market Amount		
Palm cards (2000) Elite Printing co.		10/05/201	9	\$90.00		
				\$		
				\$		
	Add Rei		_			
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contril Individual Candidate Party PAC	outor		comments		
Union Co. Board of Elections	Referendum			d. Election Sum to Date		
			\$			
e. Description		f. Date (mm/dd/	ууу)	g. Fair Market Amount		
				\$		
				\$		
				\$		
4. Total only this Page			\$	180.00		
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)			\$	1018.23		

Amendment

In-Kind Contributions	_	-		Amendment		
Use this form to report non-monetary contributions, donations, goo	Pg ds or services prov		tee c	Yes No		
Use CRO-1215 if In-Kind Contributions were or will be refu			ice c	n rund.		
1. Committee Full Name (and Fund if applicable)			2.1	ID Number		
CCNC Political Action						
3. Contributor Information	Add Re	move				
a. Full Name, Mailing Address & Phone	b. Type of Contri	butor	c. C	comments		
(include city, state, & zip)	Individual Candidate		Ca	ampaign signs		
Conservative Colition of NC	Party					
PO BOX 364 Morganton, NC	PAC					
merganien, rec	Referendum		d. E	Election Sum to Date		
	Other Receipt	t Source	\$	628.23		
e. Description		f. Date (mm/dd/yyy	_	g. Fair Market Amount		
	lidata		3)			
coalition purchased caompaign signs for cand	lidate	10/07/2019		\$628.23		
	-			\$		
				\$		
3. Contributor Information		move				
a. Full Name, Mailing Address & Phone	b. Type of Contri	butor	c. C	c. Comments		
(include city, state, & zip)	Individual* Candidate		ca	ımpaign palm cards		
Charles Smith	Party					
	☐ PAC					
	Referendum		d. E	lection Sum to Date		
	Other Receipt	Source	\$.	120.00		
e. Description		f. Date (mm/dd/yyy	y)	g. Fair Market Amount		
Palm cards (7000) Elite Printing co.		10/5/2019		\$120.00		
				\$		
				\$		
3. Contributor Information	-100					
a. Full Name, Mailing Address & Phone	b. Type of Contril	butor	c. C	omments		
(include city, state, & zip) Stuart Taylor RECEIVED	Individual* Candidate		ca	mpaign palm cards		
Stuart Taylor RECEIVED	Party					
NOV 0 4 2019	☐ PAC					
	Referendum		d. E	lection Sum to Date		
Union Co. Board of Elections	Other Receipt	Source	\$6	90.00		
e. Description		f. Date (mm/dd/yyy	y)	g. Fair Market Amount		
Palm cards (2000) Elite Printing co.		10/05/2019		\$90.00		
				\$		
			\$			
4. Total only this Page			\$			
5. Total of ALL CRO-1510 Pages			4			

(This line must be on line 17 of Detailed Summary Page CRO-1100)

\$

					Amendment		
Loan Proceeds	Pg	_1_	of	1	Yes	☐ No	
Y7 41 6						110000	

Use this form to report proceeds from a loan and loan endorser's information

A loan proceeds statement must accompany each loan that is from an individual

	ee Full Name (and Fund if applicable)	i tilat 18 1	rom an ma	Vidual	2.	ID Number		
Edwin Ela	am campaign for mayor of waxhaw	v. NC						
3. Lender I			Add	Remove				
a. Full Name, Mailing Address & Phone			b. Job Title/		d. 0	d. Comments		
	y, state, & zip)				- 1.	oaned to candidate		
Vivie Miller						e. Start Date (mm/dd/yyyy)		
			c. Employer	s Name/Specific Fiel	d			
					_	07/30/2019		
					1. F	f. End Date (mm/dd/yyyy)		
					09	09/28/2019		
g. Rate	h. Security Pledged	i. Accou	nt Code	j. Form of Paymen	t	k. Amount		
%		1318	10521	cash		\$ 100.00		
l. Full Name o	f Lending Institution				m.	Loan Number		
4. Endorsei	rs/Makers (The people who guarantee the loa	an.)						
	Mailing Address & Phone		b. Job Title/	Profession	c. Empl	oyer's Name/Specific Field		
	y, state, & zip)							
Edwin E			Loaned	to candidate				
Waxhaw, NC 28173								
			d. Percentag	e	e. Amount			
				%	^{\$} 961.00			
a. Full Name, Mailing Address & Phone			b. Job Title/	Profession	c. Emple	c. Employer's Name/Specific Field		
(include city	y, state, & zip)							
		d. Percer		e	e. Amou			
				%	\$			
a. Full Name,	Mailing Address & Phone		b. Job Title/	Profession	c. Emple	oyer's Name/Specific Field		
(include city	y, state, & zip)							
	NOV 0 4 2019							
	a poord of Elections		d. Percentag	e	e. Amou	int		
	Union Co. Board of Elections			%	\$			
	Mailing Address & Phone		b. Job Title/	Profession	c. Empl	oyer's Name/Specific Field		
(include city	y, state, & zip)							
				And the second second second				
			d. Percentage e. A			Amount		
				%	\$			
	of ALL CRO-1410 Pages				S	4004.00		
(This line m	ust be on line 9 of Detailed Summary Page CRO-	1100)			-	1061,00		



NOV 0 4 2019

Union Co. Board of Elections

Loan Proceeds Statement

This Statement is used to report detailed information about a new loan and is required to accompany the Loan Proceeds Form in the report for which the loan is initially disclosed. If the loan is from an individual, the lender's signature is required on this form.

This Statement is to be filed with the Election Board where the committee's reports are filed.

Name of committee to receive loan: Edwin Elam campaign for mayor waxha
Person or committee to make loan: Edwin Elam
• Date of loan to committee: 07/30/2019 thru 09/28/2019
Name of lending institution and account number (source):
- Name of lending institution and decount number (source).
• Amount of loan: \$961.00
Description (if in-kind loan):
 Names of all parties responsible for payment of loan (guarantors): Edwin Elam
• Period of loan: 07/30/2019 - 09/28/2019
Rate of interest of loan: O
Security pledged for loan:
I,, acknowledge that all of the information provided is complete true, and accurate. I further understand I may not forgive a loan that has an outstanding balance to any source.
Signature of Lander // Date Signed
July Sarah 11/4/2019
Signature of Treasurer of Committee Date Signed
CRO-6100 Loan Proceeds Statement